



Rep. Brandon W. Phelps

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LRB099 09359 RPS 32649 a

1 AMENDMENT TO HOUSE BILL 3398

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 3398 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Nursing Home Care Act is amended by  
5 changing Section 3-202.05 as follows:

6 (210 ILCS 45/3-202.05)

7 Sec. 3-202.05. Staffing ratios effective July 1, 2010 and  
8 thereafter.

9 (a) For the purpose of computing staff to resident ratios,  
10 direct care staff shall include:

- 11 (1) registered nurses;
- 12 (2) licensed practical nurses;
- 13 (3) certified nurse assistants;
- 14 (4) psychiatric services rehabilitation aides;
- 15 (5) rehabilitation and therapy aides;
- 16 (6) psychiatric services rehabilitation coordinators;

1 (7) assistant directors of nursing;

2 (8) 50% of the Director of Nurses' time; and

3 (9) 30% of the Social Services Directors' time.

4 The Department shall, by rule, allow certain facilities  
5 subject to 77 Ill. Admin. Code 300.4000 and following (Subpart  
6 S) to utilize specialized clinical staff, as defined in rules,  
7 to count towards the staffing ratios.

8 Within 120 days of the effective date of this amendatory  
9 Act of the 97th General Assembly, the Department shall  
10 promulgate rules specific to the staffing requirements for  
11 facilities federally defined as Institutions for Mental  
12 Disease. These rules shall recognize the unique nature of  
13 individuals with chronic mental health conditions, shall  
14 include minimum requirements for specialized clinical staff,  
15 including clinical social workers, psychiatrists,  
16 psychologists, and direct care staff set forth in paragraphs  
17 (4) through (6) and any other specialized staff which may be  
18 utilized and deemed necessary to count toward staffing ratios.

19 Within 120 days of the effective date of this amendatory  
20 Act of the 97th General Assembly, the Department shall  
21 promulgate rules specific to the staffing requirements for  
22 facilities licensed under the Specialized Mental Health  
23 Rehabilitation Act of 2013. These rules shall recognize the  
24 unique nature of individuals with chronic mental health  
25 conditions, shall include minimum requirements for specialized  
26 clinical staff, including clinical social workers,

1 psychiatrists, psychologists, and direct care staff set forth  
2 in paragraphs (4) through (6) and any other specialized staff  
3 which may be utilized and deemed necessary to count toward  
4 staffing ratios.

5 (b) Beginning January 1, 2011, and thereafter, light  
6 intermediate care shall be staffed at the same staffing ratio  
7 as intermediate care.

8 (c) Facilities shall notify the Department within 60 days  
9 after the effective date of this amendatory Act of the 96th  
10 General Assembly, in a form and manner prescribed by the  
11 Department, of the staffing ratios in effect on the effective  
12 date of this amendatory Act of the 96th General Assembly for  
13 both intermediate and skilled care and the number of residents  
14 receiving each level of care.

15 (d) (1) Effective July 1, 2010, for each resident needing  
16 skilled care, a minimum staffing ratio of 2.5 hours of nursing  
17 and personal care each day must be provided; for each resident  
18 needing intermediate care, 1.7 hours of nursing and personal  
19 care each day must be provided.

20 (2) Effective January 1, 2011, the minimum staffing ratios  
21 shall be increased to 2.7 hours of nursing and personal care  
22 each day for a resident needing skilled care and 1.9 hours of  
23 nursing and personal care each day for a resident needing  
24 intermediate care.

25 (3) Effective January 1, 2012, the minimum staffing ratios  
26 shall be increased to 3.0 hours of nursing and personal care

1 each day for a resident needing skilled care and 2.1 hours of  
2 nursing and personal care each day for a resident needing  
3 intermediate care.

4 (4) Effective January 1, 2013, the minimum staffing ratios  
5 shall be increased to 3.4 hours of nursing and personal care  
6 each day for a resident needing skilled care and 2.3 hours of  
7 nursing and personal care each day for a resident needing  
8 intermediate care.

9 (5) Effective January 1, 2014, the minimum staffing ratios  
10 shall be increased to 3.8 hours of nursing and personal care  
11 each day for a resident needing skilled care and 2.5 hours of  
12 nursing and personal care each day for a resident needing  
13 intermediate care.

14 (e) Ninety days after the effective date of this amendatory  
15 Act of the 97th General Assembly, a minimum of 25% of nursing  
16 and personal care time shall be provided by licensed nurses,  
17 with at least 10% of nursing and personal care time provided by  
18 registered nurses. These minimum requirements shall remain in  
19 effect until an acuity based registered nurse requirement is  
20 promulgated by rule concurrent with the adoption of the  
21 Resource Utilization Group classification-based payment  
22 methodology, as provided in Section 5-5.2 of the Illinois  
23 Public Aid Code. Registered nurses and licensed practical  
24 nurses employed by a facility in excess of these requirements  
25 may be used to satisfy the remaining 75% of the nursing and  
26 personal care time requirements. Notwithstanding this

1 subsection, no staffing requirement in statute in effect on the  
2 effective date of this amendatory Act of the 97th General  
3 Assembly shall be reduced on account of this subsection.

4 (f) To the extent that a facility is unable to meet the  
5 requirements of subsection (e) of this Section, the Department  
6 may waive the requirement that at least 10% of nursing and  
7 personal care time be provided by registered nurses if all of  
8 the following requirements are met:

9 (1) The facility demonstrates to the satisfaction of  
10 the Department that the facility has been unable, despite  
11 diligent efforts, including offering wages at the  
12 community prevailing rate for long term care facilities, to  
13 recruit the required number of registered nurses.

14 (2) The Department determines that a waiver of the  
15 requirement will not endanger the health or safety of the  
16 residents of the facility.

17 (3) The Department finds that, for any periods in which  
18 a registered nurse is not available at the facility, a  
19 physician or registered nurse is obligated to respond  
20 immediately to telephone calls from the facility.

21 A waiver granted under this subsection (f) is subject to  
22 quarterly review. A facility that is granted a waiver under  
23 this subsection (f) must notify the following of the waiver:  
24 the Office of the State Long Term Care Ombudsman, residents of  
25 the facility or, if applicable, the guardians or legal  
26 representatives of those residents, and members of the

1 residents' immediate families.

2 (Source: P.A. 97-689, eff. 6-14-12; 98-104, eff. 7-22-13.)

3 Section 99. Effective date. This Act takes effect upon  
4 becoming law.".